

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1	1					31								
2		2					32								
3		2					33								
4		2					34								
5		2					35								
6		2					36								
7		2					37								
8		2					38								
9		2					39								
10		1					40								
11							41								
12							42								
13							43								
14							44								
15							45								
16							46								
17							47								
18							48								
19							49								
20							50								
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															
40															
41															
42															
43															
44															
45															
46															
47															
48															
49															
50															
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	18						TOTAL DEP.								
TOTAL CLAIMS	19						TOTAL CLAIMS								